IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226728.

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4812362679.120

APPLICANT/OWNER: Tommy McDaniels APPLICANT ADDRESS: 145 Sunnyside Union Grove NC 28689.

SITE ADDRESS: 120 Sunnyside Lane Union Grove NC 28689. PHONE: 704 592 7531 ALT. PHONE 704 592 7531

SITE DIRECTIONS: 115 W Coolbrook RD 2 miles on L on Sunnyside Lane.

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 8.26 Acres. SAP CONTROLLED: ☐ YES ☒ NO

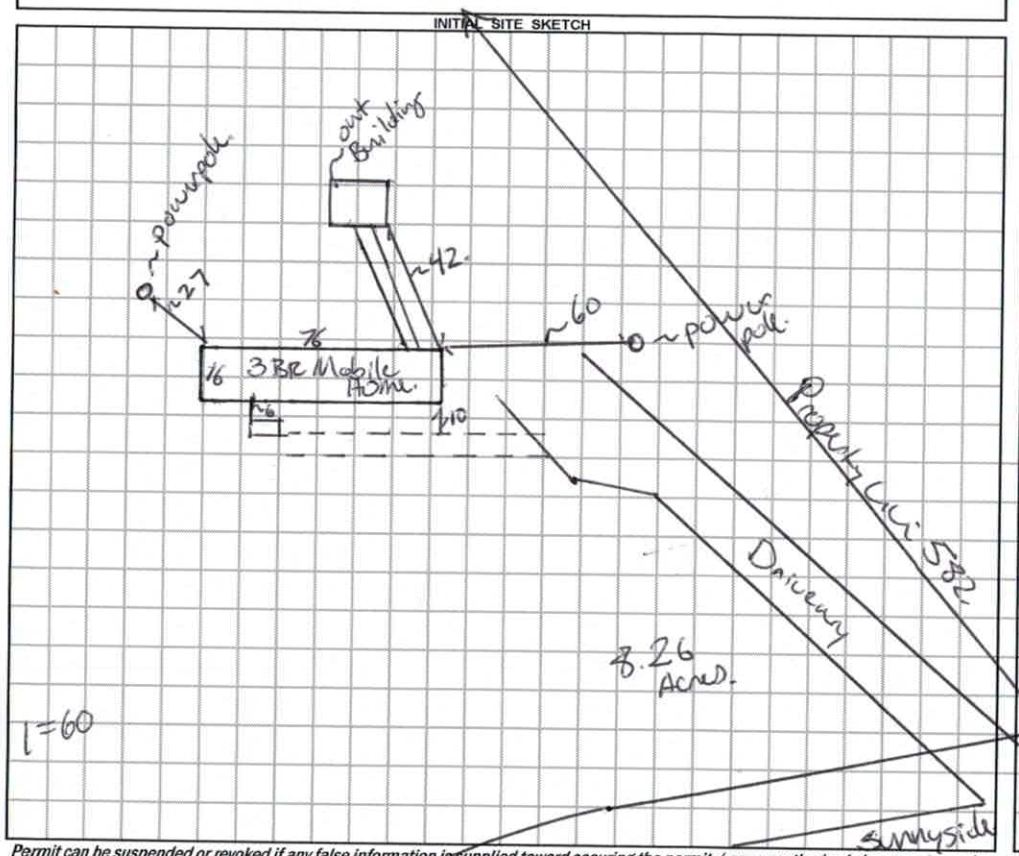
DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000-EXT (gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	Existing System	☐ Business	No. Persons 6
Pump Make	~	Model	~	Serial #	~	Repair System Description:		☐ Other	No. Employees
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☐ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☐ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Deena Akers Date: 6/14/17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A. Botkins. Date: 6/13/17

~Ticket 6/12/2017.
Need to look @ Again

On Hold.

4/8123626 79

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tommy McDaniels	145 Sunnyside Ln. Union Grove N.C. 28689	704-592-7531	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Tommy McDaniels	145 Sunnyside Ln Union Grove NC 28689	704-592-7531	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Sunnyside Lane	Union Grove NC 28689	N/A

Driving Directions: 115 West Coolbrook Road, 2 miles on (L) is Sunnyside Lane (~~Access~~ for pond)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____
Early 70's

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Tommy D. McDaniels
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/28/17
DATE

Pwp. 11

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Tommy McDaniels, am the legal owner(s) of the property located at 120 Sunnyside Ln, identified as PIN (Parcel Identification Number) 4812269769, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Deena Abell, Clayton Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Tommy McDaniels 4/25/17 Tim R Mc 4/25/17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

✓ Property Line measurements are clearly identified... **✓ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

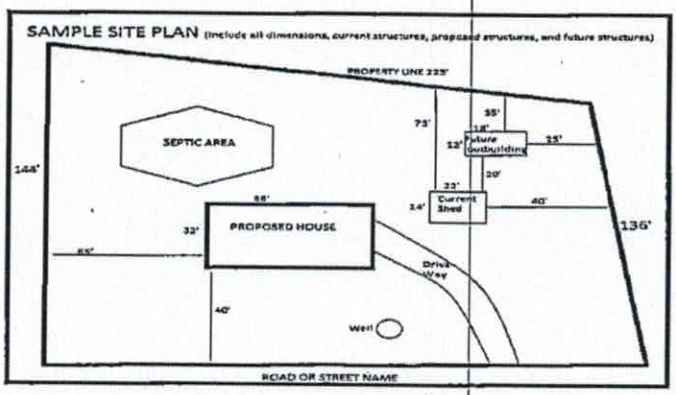
____ Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

N/A Area you prefer your septic system to be placed... **X North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

✓ Location of septic systems and wells within 100' of your property... N/A

N/A Location of easements and rights of ways on your property... N/A **N/A Location of any designated wetlands on the property... N/A**



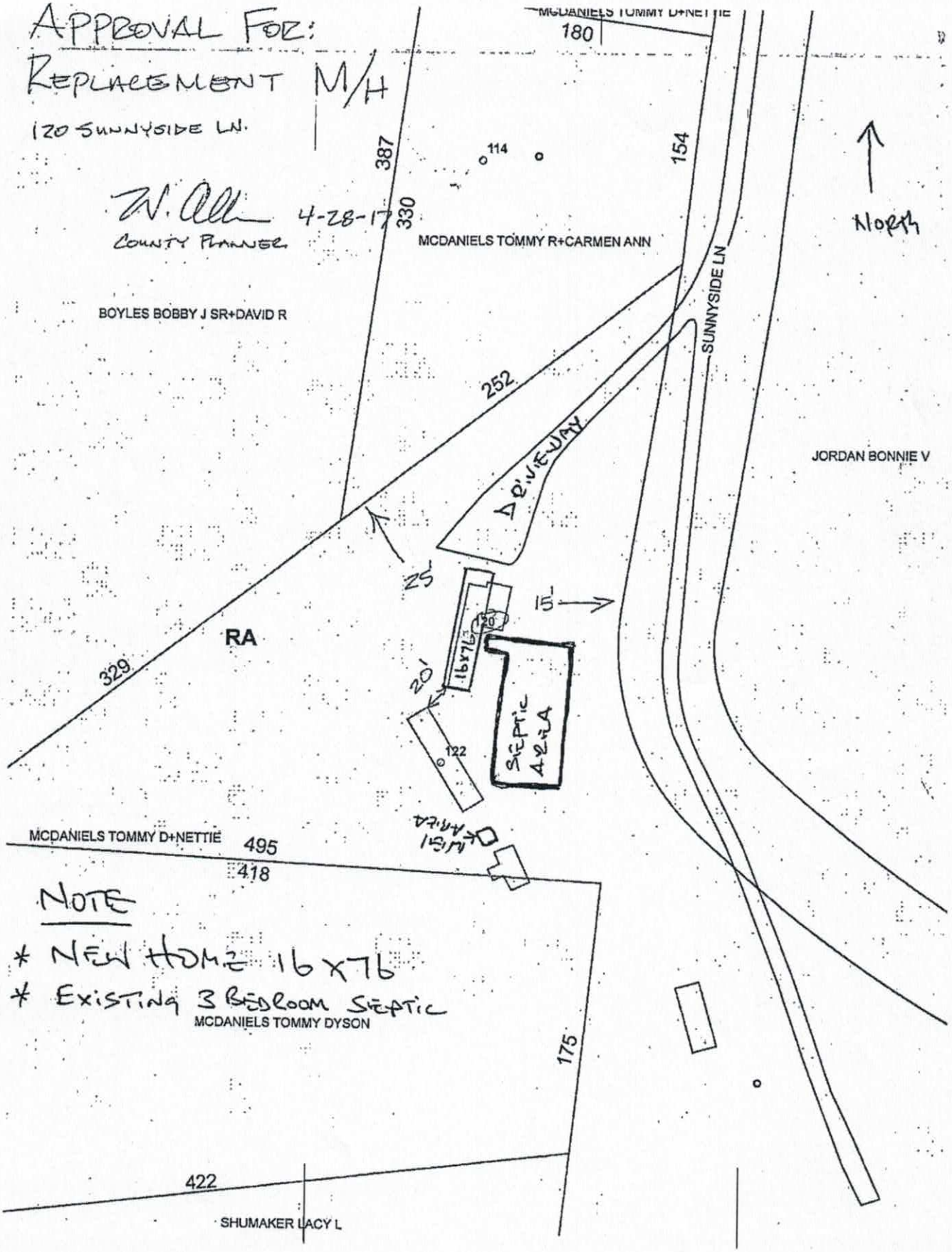
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED MAP

APPROVED BY William Allison.

Signature: Tommy D Mc [illegible] 4/28/17

REQUIRED property owner or owner's legal representative signature. DATE


APPROVAL FOR:
REPLACEMENT M/H
120 SUNNYSIDE LN.
W. Allen 4-28-17
COUNTY PLANNER
MCDANIELS TOMMY D+NETTIE
180
387
330
114
154
MCDANIELS TOMMY R+CARMEN ANN
BOYLES BOBBY J SR+DAVID R
252
SUNNYSIDE LN
North
DRIVEWAY
JORDAN BONNIE V
25'
15'
RA
329
16x76
20'
SEPTIC AREA
122
MCDANIELS TOMMY D+NETTIE
495
418
NOTE
* NEW HOME 16x76
* EXISTING 3 BEDROOM SEPTIC
MCDANIELS TOMMY DYSON
175
422
SHUMAKER LACY L

00340

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Tommy McDaniels DATE 8-5-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION NSN - TL on SR 1595 TL on SR 1691 2nd Mobile Home. (Dead End Rd) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2.25

Character & Porosity of Soil Cecil - Prov. Suitable

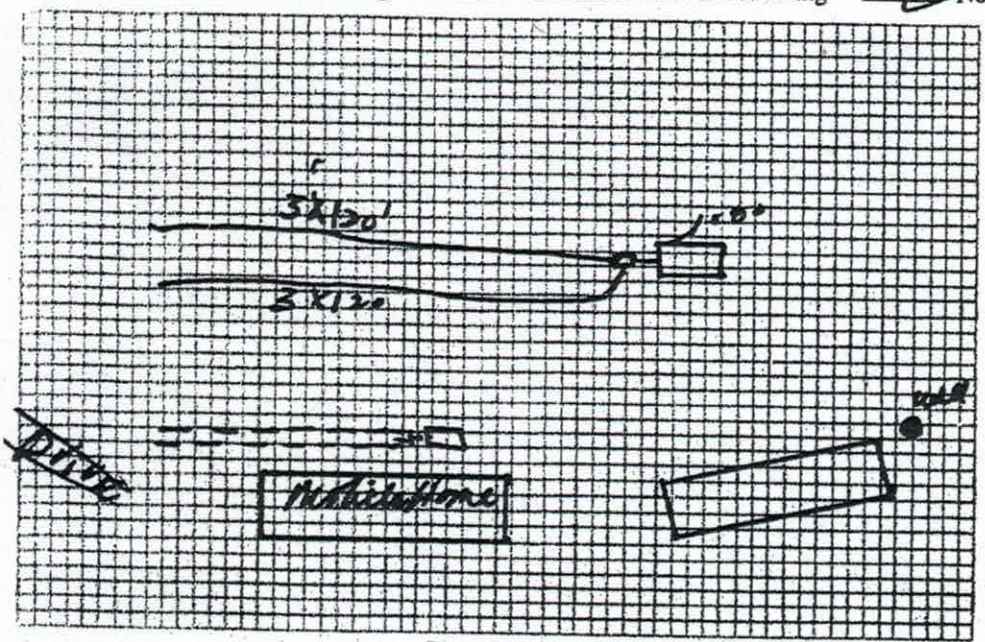
Percolation Rate 3 gal sq ft. appr.

Topography 6-10% Slope

Depth to Water Table 10'

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by James Hartness

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Ford DATE 8/5/83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

STAPLES

ADDRESS:

145 SUNNYSIDE LANE
UNION GROVE NC

CUSTOMER: McDANIELS

Fandango

Acknowledgement Of
Plans Submittal ONLY!
Tommy MS Date 4/25/17

Date

200 Amp Elec

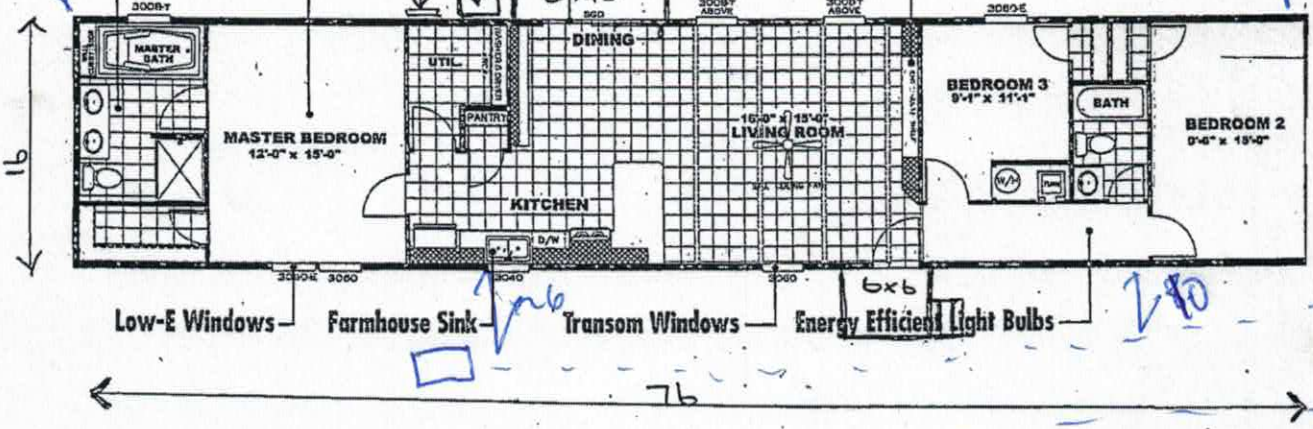
HVAC

Glamour Bath

8 Foot Tall Ceilings

Sliding Glass Door

Entertainment Center



Low-E Windows

Farmhouse Sink

Transom Windows

6x6

Energy Efficient Light Bulbs

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
226728
Issue Date: 04/28/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4812362679.000	120 SUNNYSIDE LANE, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCDANIELS TOMMY D+NETTIE	Applicant: CLAYTON HOMES
Address: 245 SUNNYSIDE LANE UNION GROVE, NC 28689	Address: 2026 NORTHSIDE DRIVE STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
ZONING GRANFARTHERED IN PER WILLIAM ALLISON 20FT BETWEEN MH'S 15 FRONT 25 LEFT, RIGHT, AND REAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.260	15.00	25.00	25.00	25.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	101196	TOTAL FEES:	$ 77.25